

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-375)						SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09/355729</div>	FILING DATE				
						APPLICANT(S) <div style="font-size: 1.2em; font-family: cursive;">H. M. Throm</div>					
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.
1		/						51			
2			/					52			
3			/					53			
4			/					54			
5			/					55			
6			/					56			
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43								93			
44								94			
45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
TOTAL IND.		2						TOTAL IND.			
TOTAL DEP.		18						TOTAL DEP.			
TOTAL CLAIMS		20						TOTAL CLAIMS			